

FORM DR-2: Disclosure Summary PageStatus: **Amended**ID #: **1385**Committee: **McCarthy for State Representative**Comm Type: **State House**Date Due: **01/19/2004**Report Year: **2003**Treasurer: **Brian J Meyer**

Primary Ph. (515)255-3994 Secondary Ph. (-)

Chair:

County: **NA**Amended: **4/9/2004**

Statutory Due Date	01/19/2004
Adjusted Due Date	01/20/2004
Received Date	01/21/2004
Postmark Date	01/20/2004
Amended	04/09/2004

Statement of Cash on Hand

Cash on Hand at Start of Period	\$313.36
Schedule A: Cash contributions Total	\$15,160.00
Schedule F: Loans Received Total	\$0.00
Schedule H: Campaign Property Sales	\$0.00
SUB-TOTAL	\$15,473.36
Schedule B: Expenditure Total	\$2,506.24
Schedule F: Cash Loan Repayments	\$3,750.00
Cash on Hand At End of Period	9,217.12

Additional Assets and Liabilities

Loans in Place at Start of Period	\$3,750.00
Schedule D: UnPaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$0.00
Schedule F: Forgiven Loans	\$0.00
Schedule F: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$0.00

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

AFR - 9 2004

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-2-03	ID# CK#	Bankers Trust	analysis service fee	\$5.26
4-1-03	ID# CK#	"	"	5.03
3-3-03	ID# CK#	"	"	5.06
5-1-03	ID# CK#	"	"	5.13
6-2-03	ID# CK#	"	"	5.11
7-1-03	ID# CK#	"	"	5.25
8-1-03	ID# CK#	"	"	5.25
9-2-03	ID# CK#	"	"	5.25
SUB-TOTAL				\$ 41.34
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page _____ of _____

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-1-03	ID# CK#	Bankers Trust	analysis service fee	\$ 5.25
12-1-03	ID# CK#	11	11	5.21
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 10.46
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page _____ of _____

(for Schedule B)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-9-03	ID# CK#	Frank Cownie 675 Harwood DR Des Moines, IA 50312		\$ 50.00	
1-9-03	ID# CK#	Harry or Tracy Shipley 3139 SE Diehl Des Moines, IA 50320		25.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 75.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

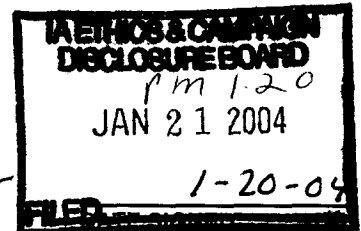
Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1385
Logged In	9
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization) <u>MCCARTHY FOR STATE REPRESENTATIVE</u>	
IMPORTANT: Indicate type of committee you are reporting for: <u>1</u> (1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support State of Candidates	
CANDIDATE COMMITTEES ONLY:	
Candidate Name <u>KEVIN MCCARTHY</u>	Political Party <u>DEMOCRAT</u>
Office Sought <u>STATE REPRESENTATIVE</u>	District (if Senate or House) <u>67</u>

Kevin McCarthy
SIGNATURE OF TREASURER (or person filing this report)

515-779-3635
TELEPHONE



Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A JAN. 20 2004 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date)

Indicate one 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 1,033.⁵⁷

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

6,204.⁹⁴

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

9,988.⁶³

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy For State Rep.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-09-03	ID# CK#	Iowa Cable PAC/ Tim Cowen PO. Box 41457 DSM, IA 50311		\$ 150.00	<input checked="" type="checkbox"/>
1-09-03	ID# CK# 1575	Craig Zubrod 411 Sherry Lynn Blvd Pleasant Hill, IA 50327		25.00	<input checked="" type="checkbox"/>
1-09-03	ID# CK#	James Conlin 500 Griffin Bldg 319 7th St DSM, IA 50309		250.00	<input checked="" type="checkbox"/>
1-09-03	ID# CK# 3623	Brad Lint/Justice for all PAC 218 - 6th Ave. STE 520 DSM IA 50309		500.00	<input checked="" type="checkbox"/>
1-09-03	ID# CK#	Dennis Hoggan 1454 30th St STE 201 West DSM IA 50266		100.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK# 7168	Kimberly Cruise 8620 TITLEIST CIR. LAS VEGAS, NV. 89117		250.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK# 1842	Paulee Lipsman 2880 Grand Ave. #106 DSM, IA 50312		50.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK# 1773	Brent Wynja 1012 Hunziker Dr. Ames, IA 50010		50.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK# 3304	Darwin Koenig 2413 W. 1st. Ankeny IA 50021		100.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Julie Fleming 1063 45th DSM, IA 50311		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$1525.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 14
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Rep.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-9-03	ID# CK#	Jean Tannat 313 N Shady View Blvd. Pleasant Hill, IA 50327		\$ 25.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Marilyn Spina 2545 E. David Ave. DSM, IA 50317		20.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Steven Wundro 2501 Grand Ave. Ste B DSM, IA 50312		500.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Russell Underwood 811 Wellington Blvd. Johnston, IA 50131		500.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Heavy Highway PAC 2415 Ingersoll Ave. DSM, IA 50312		250.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Lawrence James 928 California Dr. DSM, IA 50312		100.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	David Palmer 213 SW Flynn Dr. Ankeny, IA 50021		100.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Lori Beary Freedom Fund PAC 851 - 19th St. DSM, IA 50314		100.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	John Judisch 3006 E. Diehl Ave. DSM, IA 50320		100.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Iowa Health PAC - Steve Ackerson 6750 Westown Parkway West Des Moines, IA 50266		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1795.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 14
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Rep.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-9-03	ID# CK#	IA. Industrial PAC - 904 Walnut St 100 DSM, IA, 50309		\$ 100.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	PAC EG PO Box 855 DSM, IA 50304		100.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Timothy Brien 3919 Urbandale Ave. DSM, IA 50310		50.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Robert Baudino 54010 Shriver Ave. DES MOINES, IA 50312		150.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Elizabeth Kravdenko 3404 Southern Hills Dr. DSM, IA 50321		150.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	IOWA Comm. Hdr of Auto Retailers 1111 Office Park Rd W. DSM, IA 50265		150.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Iowa Chiro Practic Society 1605 N. Ankeny Rd Ankeny, IA 50021		150.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Plumbers And Steamfitters PAC 2501 Bell Ave. DSM, IA 50312		200.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	AFSCME / Carter Woodruff 4320 NW 2nd Ave. DSM, IA 50313		100.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Christopher Coleman 3512 48th Pl. DSM, IA 50310		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$1200.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 14
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McANTNY FOR STATE REP.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1-9-03	ID# CK#	Christine Hensley 753-55th St. DSM, IA 50312		\$ 50.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Dennis Carr 6602 Prairie Ave. Urbandale, IA 50322		50.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Rosemary Moody 5285 Oakwood Dr. DSM, IA 50317		50.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Allan Tunks 2601 E. 39th St. DSM, IA 50317		50.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Thomas Henderson 6234 N. Winwood Dr. Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Angela Barnes 2719 42nd St. DSM, IA 50310		25.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Jonathan Wilson 2924 Druid Hill Dr. DSM, IA 50315		25.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Dean Lerner 5220 Shriver DSM, IA 50312		25.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Betty Thurman 1555 Andrews Dr. Pleasant Hill, IA 50327		25.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Michael Mauro 4325 SW 31st St. DSM, IA 50321		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 425.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 14
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for STATE Rep.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-9-03	ID# CK#	James Fitzgerald 3036 E. Ditch Ave. DSM, IA 50320		\$ 25.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	John Connors 1316 E. 22nd St. DSM, IA 50317		25.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Eric Tabor 1614 Thornwood Rd. W. DSM, IA 50265		25.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	John Pedersen 1075 - 44th St. DSM, IA 50311		25.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Neva Wells 305 Wilmer's Ave. DSM, IA 50315		10.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Bruce Brim Hunter DSM, IA		20.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	SOM BACCAM DSM, IA 50320		10.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Barbara Burres 211 Indiana Dr. Pleasant Hill 50225		100.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	RE. MYERS 9 Woodland Heights Iowa City, Iowa 52240		100.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Mark C Ackelson 5525 Schweiker Dr. Pleasant Hill, IA 50327		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 440.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 5 of 14
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy Cant.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-9-03	ID# CK#	Alba Bussett P.O. Box 4134 Dsm, IA 50333		\$ 30.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	Gerard Neugent 5000 Westown Pkwy West Des Moines, IA 50266		50.00	<input checked="" type="checkbox"/>
1-9-03	ID# CK#	John Dolan Dsm, IA		50.00	<input checked="" type="checkbox"/>
3-27-03	ID# CK#	Ray Blase 913 NE 34th St. Ankeny, IA 50021		100.00	<input type="checkbox"/>
3-27-03	ID# CK#	Daniel McQuire 100-37th St. Dsm, IA 50312		75.00	<input type="checkbox"/>
3-27-03	ID# CK#	James Trotter 4525 82nd St. Urbandale, IA 50322		25.00	<input type="checkbox"/>
8-26-03	ID# 6027 CK# 2102	Derre Puc 666 Grand Ave. Dsm, IA 50309		250.00	<input type="checkbox"/>
10-8-03	ID# 6351 CK# 1121	Petroleum Marketers of IA PAC 1303 50th W. Dsm, IA 50266		250.00	<input checked="" type="checkbox"/>
10-8-03	ID# 6052 CK# 2697	Independent Insurances Agents 4000 Westown Pkwy W. Dsm IA 50265 PAC		100.00	<input checked="" type="checkbox"/>
10-8-03	ID# 6277 CK# 1218	Sheet Metal Contractors 1454 30th St Suite 201 W. Dsm, IA 50266		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1030.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 6 of 14
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy Cont. . . .

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-8-03	ID# 6118 CK# 1963	Iowa Optometric Assoc. 1454 30th St. Ste. 204 W. Des Moines, IA 50266		\$ 100.00	<input checked="" type="checkbox"/>
10-8-03	ID# CK# 3155	Bankers United, Inc. 880 NW 62nd Ave. Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
10-8-03	ID# CK#	Susan K. Cameron 2202 NW 140th St Clive, IA 50325		100.00	<input checked="" type="checkbox"/>
10-8-03	ID# CK#	Jonathan Degner 6111 240th Ave Newell, IA 50568		50.00	<input checked="" type="checkbox"/>
10-8-03	ID# CK#	David Palmer 213 SW. Flynn Ankeny, IA 50021		50.00	<input checked="" type="checkbox"/>
10-8-03	ID# CK#	Elin Suhr 1511 NE 45th Ave. #9 Portland, OR 97213		10.00	<input checked="" type="checkbox"/>
10-22-03	ID# CK#	Don Brazelton 1510 NE Trilein Dr. Ankeny, IA 50021		15.00	<input checked="" type="checkbox"/>
10-22-03	ID# CK# 4071	Assoc. General Contractors PAC 701 E. Court Ave. Des Moines, IA 50304		250.00	<input checked="" type="checkbox"/>
10-22-03	ID# CK# 8467	Craig Neilson 8620 Tiddle St Las Vegas, NV 89117		200.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 875.00
\$

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 7 of 14
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy COM - -

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11-20-03	ID# 10146 CK#	Home Builders Assoc. PAC Des Moines Iowa 4201 Westown Pkwy Ste 250 WDSM 50266		\$ 100.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK# 4091	Assoc. General Contractors of IA 701 E. Court Ave. DSM, IA 50309		750.00	<input checked="" type="checkbox"/>
12-16-03	ID# 6101 CK# 2375	Motor Carriers P.O. Box 6121 E. DSM Stn. DSM, IA 50309		500.00	<input checked="" type="checkbox"/>
12-16-03	ID# 6059 CK# 2420	Ia. Comm. Automotive Retailers 1111 Office Park Rd. WDSM, IA 50265		500.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK# 1769	Heavenly Highway PAC 2415 Jagersoll DSM, IA 50312		500.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK#	William McCarthy 5201 SE 32nd St. DSM, IA 50320		500.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK#	Lawrence James 928 California Dr DSM, IA 50312		250.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK#	Glen Norris 6205 Oakwood Hills Dr. Johnston, IA 50131		250.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK#	Russell Underwood 8111 Wellington Blvd Johnston, IA 50131		250.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK# 145	U.S. Cellular Corp. 8410 W Bryne Mawe Ave. Chicago, IL 60631		200.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 3,800.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 8 of 14
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCARTHY CONT.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12-16-02	ID# CK#	Dale Patch 4816 Western Hills Dr. WDSM, IA 50265		\$ 200.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK#	Richard Myers 4 Woodland Heights Iowa City 52240		200.00	<input checked="" type="checkbox"/>
12-16-03	ID# 6070 CK# 2976	Iowa Law Pac. 521 EAST Locust St. FL 3rd DSM, IA 50309		100.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK#	Mark Ackelson 5525 Schweiker Dr. Pleasant Hill, IA 50322		100.00	<input checked="" type="checkbox"/>
12-16-03	ID# 6133 CK# 947	South Central Iowa Federation of Labor DSM, IA		100.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK#	Pauline Lipsman 2880 Grand Ave. #100 DSM, IA 50312		100.00	<input checked="" type="checkbox"/>
12-16-03	ID# 6069 CK# 2085	IA Industrie PAC 904 Walnut St 100 DSM, IA 50309		100.00	<input checked="" type="checkbox"/>
12-16-03	ID# 6046 CK# 3724	Justice for all PAC 218 6th Ave. Ste B526 DSM, IA 50309		100.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK#	Larry Cramer 6538 N. Winwood Dr. Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
12-16-03	ID# CK#	Johnathan Wilson 2924 Druid Hill Dr. DSM, IA 50315		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1,200.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 9 of 14
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy Cant.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12-16	ID# CK#	Margaret Schilling 3120 E. Titus Ave. DSM, IA 50320		\$ 100.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Label Zee Inc. 3 Holiday Ct. Newton, IA 50208		75.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Timothy Brion 3419 Urbandale Ave. DSM, IA 50310		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Margaret Borgen 2504 Forest Dr. Des Moines IA 50312		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Harold Butz 1500 41st Pl. DSM, IA 50311		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Darlene Clark 1500 41st Pl. DSM, IA 50311		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	June Archer 402 - 29th St. DSM, IA 50312		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Michelle Ramsey 4113 Clinton Ave DSM, IA 50310		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Harry Shipley 3134 SE Dicht DSM, IA 50320		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Mary EVERSOLE 4407 SW. Alaska St. #306 Seattle, WA. 98114		50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 575.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 10 of 14
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy CONT.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12-16	ID# CK#	KJ. Willis Mussey 1158 S. 50th Pl. WDSM, IA 50265		\$ 50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Ray Blase 913 NE 34th St. Ankeny, IA 50021		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Michael Mauro 4325 SW 31st DSM, IA 50321		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Donald Stanely 9725 Aurora Ave. Urbandale, IA 50322		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	David Palmer 213 SW Flynn Ankeny, IA 50021		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Steve Falk DSM, IA		50.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Rosemary Moody 5285 Oakwood Dr. DSM, IA 50317		25.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Jean Tannatt 813 N. Shadyview Blvd Pleasant Hill, IA		25.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Paul Kraus 1059 W. Benton Ionia City, IA		25.00	<input checked="" type="checkbox"/>
12-16	ID# CK#	Thomas Gillespie 1525 -45th St. DSM, IA 50311		25	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 400.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 11 of 14
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy Cant.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#			\$	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
12-19-03	ID# CK#	MARY BRAUN 1083 66th ST. DSM, IA 50311		25.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	HAROLD + MARGUERITE MCNABE 1232 WISCONSIN AVE. AMES, IA 50014		25.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	JAMIE FITZGERALD 3036 E. DIEHL AVE. DSM, IA 50320		25.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	JOHN SARLONE 3004 SW 39th DSM, IA 50321		25.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	FRANIL AFFRANOTO + GUNDO CHN, 1128 22nd ST. DSM, IA 50311		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 12 of 14
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McINTYRE COM - . .

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12-19-03	ID# CK#	CARLOS JAPANE 3523 SW. 37th DSM, IA 50321		\$ 25.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	PHIL LORENZON 6212 BRETT ADLEY JOHNSTON, IA 50131		25.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	ERIN + MIKE KIERMAN 750 16th ST. DSM, IA 50314		25.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	ANNA CRUZIER DSM, IA 503		25.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	ERIC TABOR 1619 THORNWOOD WDSM, IA 50265		30.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	JOHN HUGG 6843 GOLDEN LN. DSM, IA 50313		20.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	KATHY BELIEV 3505 SE 19th CT. DSM, IA 50320		20.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	NADINE HOGATE 1742 E. WALNUT DSM, IA 50316		20.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	DONA HALTERMAN 2210 68th WINNIE, IA 50391		10.00	<input checked="" type="checkbox"/>
12-19-03	ID# CK#	DR. CECIL LEONARD 2845 RICHMOND DSM, IA 50317		5.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$
\$

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 13 of 14
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McARTHY FOR STATE Rep.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12-26-03	ID# CK# 1248	ZAKIPAC - CONGRESSMAN ROBERT WEXLER, CHAIR. 2500 N MILITARY, BOCA RATON, FL		\$500. ⁰⁰	<input checked="" type="checkbox"/>
12-26-03	ID# CK#	DOW BATES 3706 E. 28 th ST. DSM, IA 50317		100. ⁰⁰	<input checked="" type="checkbox"/>
12-26-03	ID# CK#	BRIAN MEYER 5417 SE 29 th DSM, IA 50320		50. ⁰⁰	<input checked="" type="checkbox"/>
12-26-03	ID# CK#	W.C. NEWTON 1497 109 th CLIVE, IA 50322		35. ⁰⁰	<input checked="" type="checkbox"/>
12-26-03	ID# CK#	NEVA WELLS 305 WILMERS AVE DSM, IA 50315		30. ⁰⁰	<input checked="" type="checkbox"/>
12-26-03	ID# CK#	STEVE WANDRO 2081 GRAND AVE DSM, IA 50312		500. ⁰⁰	<input checked="" type="checkbox"/>
12-26-03	ID# CK#	JIM CONLIN 500 GRIFFIN BLDG. DSM, IA 50309		250. ⁰⁰	<input checked="" type="checkbox"/>
12-26-03	ID# CK#	GERARD NEUGENT 5000 WESTOWN PIKE WDSM, IA		50. ⁰⁰	<input checked="" type="checkbox"/>
12-26-03	ID# CK#	SAMEERA ALI 107 N. HAMILTON BENSENVILLE, IL 60106		25. ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$
\$15,160

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 14 of 14
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Rep.

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-8-03	ID# CK# 1108	HY - VEE SE 14 th ST + PARK DSM, IA	FOOD + DRINK FOR FUNDRAISER	204. ⁶⁶ \$
1-27-03	ID# CK# 1109	BRIAN MEYER DSM, IA 50320	STIPEND FOR CAMPAIGN WORK	250. ⁰⁰
1-21-03	ID# CK# 1110	DMPD CREDIT UNION E 13 th + COURT DSM, IA	TO ZERO OUT BALANCE FOR LOAN	3,855. ⁸⁰
1-22-03	ID# CK# 1111	ISBA DSM, IA	LAWYER/LEGISLATIVE DINNER	20. ⁰⁰
2-5-03	ID# CK# 1112	TRUMAN FUND DSM, IA	SOCIAL FUND	50. ⁰⁰
2-12-03	ID# CK# 1113	D. L. C D.C	DLC MEMBERSHIP	50. ⁰⁰
7-2-03	ID# CK# 1114	CARTER PRINTING E GRAND DSM, IA	LETTERHEAD + ENVELOPES	146. ²⁰
12-8-03	ID# CK# 1126	KEVIN MCCARTHY 5220 SE 31 st CT DSM, IA 50320	\$584 PLANE TICKET FOR ELLEN TAUCHER EVENT. \$150 BIE PERMIT 1040 BIE ACCOUNT	774. ⁰⁰
SUB-TOTAL				\$5,351. ⁶⁶
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Rep.

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12-8-03	ID# CK# 1127	OFFICE MAX INGENSOUL AVE DSM, IA	AMERICAN FLAG PAPER	\$ 25. ⁴⁰
12-12-03	ID# CK# 1128	TABOR WINES BARDWIN, IA	3 CASES OF WINE FOR 12/16 CAUSCHER EVENT	327. ⁰²
12-20-03	ID# CK# 1129	KEVIN MCCARTHY 3220 SE 31 st E DSM, IA 50320	- HOTEL FOR REP. TADREUN 75.04 - VALET SERVICES 202	427. ⁷⁴
12-29-03	ID# CK# 1130	CARTER PRINTING E GRAND. DSM, IA	- Food 150.70 BRIE ENVELOPES	73. ¹⁴
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 853.²⁸

TOTAL (if last page of this schedule) \$ 6,204.⁹⁴

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)